

Program Title _____ Instructor _____
Season _____

About the Program

- The program met my expectations? _____
- The program equipment was suitable?
(quantity, quality, age appropriate) _____
- Received adequate information concerning the program/class? _____

GRADE

About the Instructor

- Was knowledgeable, professional and created a welcoming,
and inclusive environment? _____
- Used class time effectively and had an organized plan for
the program/class? _____

GRADING SCALE

- ③ Expectations were exceeded.
- ② Expectations were met.
- ① Failed to meet expectations.

Benefits (Circle one)

- Because of this program I (or my child) am in better physical condition? Agree Disagree N/A
- Because of this program I (or my child) had a fun/enjoyable experience? Agree Disagree N/A
- Because of this program I (or my child) learned something new? Agree Disagree N/A

- Would you recommend this program to a friend? (Circle one) Yes No Why?

- How can the program/class be improved?

- What did you like least about the program?

- What did you like most about the program?

- What additional programs would you like to see offered? / Additional comments

- How do you prefer to receive information on our programs and services information?
☐ Quarterly Program and Events Guide ☐ Flyers ☐ Websites ☐ Email ☐ Word of mouth
☐ Other: _____

- Have you (or your child) taken this program before. ☐ Yes ☐ No

☐ I would like to be contacted by a staff member - Name / Contact # _____

Please return the completed form via one of the following ways:

- Program Instructor
- Community Center reception desk
- Mail to P.O. Box 427, Herndon, VA, 20172
- Fax to 703-318-8652

